



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 150**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ltd.</b>
<b>Registered Capacity:</b>	<b>Five Young People</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>15<sup>th</sup> &amp; 16<sup>th</sup> October 2024</b>
<b>Registration Status:</b>	<b>Registered from 29th March 2022 to 29th March 2025</b>
<b>Inspection Team:</b>	<b>Lorraine Egan Cora Kelly</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> December 2024</b>

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# 1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined. During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 29th of March 2019. At the time of this inspection the centre was in its second registration and was in year three of the cycle. The centre was registered without attached conditions from the 29th of March 2022 to the 29th of March 2025.

The centre was registered to provide multi occupancy specialist residential care to a maximum of five young people with complex emotional and behavioural needs of both genders from age 10 to 14 years on admission, up to 18 years of age. The centre was described as providing a person-centred therapeutic service that was clinically guided, based on emotional containment and positive reinforcement. Their model of care was a stepped model of therapeutic care that uses CARE principles which is designed to create a therapeutic environment for children. It was enhanced by the organisation's Therapeutic Support Team (TST) consisting of occupational therapists, psychologists, art therapists and teacher. There were three young people living at the centre at the time of this inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2
6: Responsive Workforce	6.3

Inspectors look closely at the experiences and progress of children. They considered the quality of work, and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

## 2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 4<sup>th</sup> November 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 19<sup>th</sup> November 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 150 without attached conditions from the 29<sup>th</sup> March 2022 to 29<sup>th</sup> March 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

**Regulation 5: Care Practices and Operational Policies**

**Regulation 16: Notification of Significant Events**

**Theme 3: Safe Care and Support**

**Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

A child protection and safeguarding policy was in place that was last reviewed in 2024 and contained procedures for keeping young people safe and protected from abuse and harm. However, the centre had some improvements to make to ensure they were fully operating in compliance with the relevant policies as outlined in Children First 2017 and the Children First Act 2015. The centre manager was the appointed designated liaison person (DLP). Although the deputy manager was the named deputy designated liaison person, the centre's policy stated that where the DLP was unavailable this role was delegated to an on call manager or the regional manager.

From a review of the policy, the mandated reporting and reasonable grounds for concern procedures require more clarity. For example, there was some contradiction in stating that the mandated person had an individual responsibility to submit a report to Tusla but also requiring them to make all reports through the DLP or delegated person only. From interviews with staff, this process was operating in practice and no staff had independent access to their own account in order to submit a report through the Tusla portal. While child protection and welfare reports were found to be submitted in a timely way to Tusla by the DLP, elements of the centre's procedure for reporting a disclosure were not followed in full and this should be reviewed. The registered provider must ensure that adequate training is provided on the centre's child protection and safeguarding reporting procedures so that they can be implemented in full.

The centre's policy also outlined a practice where all safeguarding and child protection concerns were documented on a significant event notification (SEN) and shared with the organisation's significant event review group (SERG). Further consideration must be given to this practice so that it reflects the need-to-know principle of ensuring that information is shared only in the best interests of the child or the young person so that the detail of the concern is not communicated also.

Although the policy referred to a number of procedures that supported child safeguarding in the centre such as complaints, recruitment and selection, code of behaviour and anti-bullying, further additions were required to the document such as online safety (use of photography, video and/or social/digital media), retrospective disclosures and a process for dealing with a concern about another worker.

The centre's child safeguarding statement (CSS) submitted to inspectors had been reviewed in October 2024. The previous CSS was dated December 2021. This was not in line with statutory requirements. In addition, the mandatory reporting procedure outlined within did not contain a process that was reflective of the mandated person's responsibilities under the Children First Act 2015. A letter of compliance from the child safeguarding statement compliance unit (CSSCU) had been received by the centre in 2019 and submitted to inspectors. The DLP received specific training on their role and responsibilities from an external agency and the staff team had completed Tusla's online Children First modules including mandated persons training.

There was some evidence of child protection policies discussed at supervision and at team meetings but as noted above, specific training on the centre's reporting procedures must be provided to the staff team to ensure that it is understood and followed in full in practice. At interview staff had knowledge of their mandated role and were aware of the centre's procedure requiring them to submit a CPWR through the centre's DLP only. They also had an understanding of the importance of keeping young people safe in their care but struggled to recognise the current child safeguarding risks for each young person and how to respond appropriately. They were unable to outline what a protected disclosure was or how to make a report. All social workers interviewed said that they were informed of child protection reports and concerns by the centre manager without delay.

The centre maintained a dedicated child protection and welfare register and entries recorded the CPWR number and the date they were closed by the social work department. There was a risk register in place, however, risks recorded included general risks only such as harm to a person, compliance with standards, deficit of staff and young people absconding. They did not sufficiently identify the current significant risks relating to the safety of one young person and the potential impact on their peers within the centre which had arisen from a number of recent SENs. Some of these risks included prolonged lack of engagement and isolation from the staff team, prohibited phone use, online safety, concealing of weapons, suicidal ideation and assault and threats to other young people. While a number of risk

management plans, safety plans and risk assessments were on the young people's care records, the interventions and control measures did not outline a specific response to individual risks, nor were there individual risks assessments completed for each.

In addition, details of room searches, or safety checks were not incorporated as part of the preventative safety measures for one young person. The young person's allocated social worker stated at interview that although strategy meetings were taking place, and there was good communication with the centre on the issues and concerns, there was no progress being made and the safety plans put in place had not reduced the risks so that some continued over a prolonged period of time. The social worker received safety plans and verbal accounts of the plans in place to mitigate risk only. They said the centre manager had a very positive and trusting relationship with the young person but the approaches by the staff team were not addressing the behaviours that were presenting by them. Inspectors found that in addition, recommendations provided by the organisation's therapeutic team on safe phone use and trauma were not consistently evidenced as part of the plans on the young person file. Specific guidance and detailed discussions had been clearly stated on therapeutic records many months before the SENs took place.

There was good evidence on the young people's files that the centre responded appropriately to concerns regarding unsafe access arrangements and absconding for all young people and in practice there were strong safeguards in place at these times. However, there were a number of safety plans on centre records for outings such as spending time in the community or attending the cinema without adequate risks identified for their use.

Efforts were made by staff to support young people to understand self-care and protection through key working or one to one sessions. Some young people engaged with this work more routinely than others. However, for one young person there were long gaps where this work had not been undertaken. This inconsistency must be addressed by the staff team so that all young people can be helped to be aware of their personal vulnerabilities and safety.

### **Standard 3.2 Each child experiences care and support that promotes positive behaviour.**

One young person who spoke to inspectors described how they were getting on living in the centre and said they kept away from any incidents or issues that arose with

other young people. They said they liked school and had some good future plans in place with their social worker about completing their leaving cert and seeing their friends and people who were important to them more regularly. They said they were able to voice anything they wanted changed in the centre at group meetings and to staff and they usually got responded to quickly by the centre manager. They described how it was painful for them to leave their friends behind when they moved in to the centre and they still missed them. They liked the big space in the house, the food choices and their bedroom too. Two young people living in the centre currently completed a questionnaire and said they were happy living there. They stated that 'they feel comfortable and safe and 'were always given opportunities to take part in activities'. The social worker for two of the young people said they were getting on very well and were supported by staff with all of their needs. They said they both were making lots of progress and receiving very effective care. Two out of there young people were attending full time education and all young people were living in the centre for a number of years.

The centre had a suite of policies in place to support their approach to the management of behaviour that challenged for young people. This included therapeutic crisis intervention (TCI) and CARE programmes which formed the basis of the centre's model of care. The centre had previously experienced a quiet and stable environment with a low number of incidents of behaviour that challenged. However, this had changed for one young person over the past six weeks and there had been a number of incidents including an assault on another young person as well as serious threats to a peer in the centre. One of these SENs was escalated by Tusla's SEN team and notified to ACIMS for their attention. This became the subject of the current inspection. There were no identified behaviours that challenged for the other young people at the time of the inspection.

Inspectors found that there were positive behaviour support plans (PBSPs) in place along with individual crisis support plans (ICSPs) to guide staff in managing the recent significant incidents. Additionally, there were regular strategy meetings with social work departments and Guardian ad Litem (GALs) to discuss progress and receive updates on the young people impacted. The centre also availed of specialist advice from the organisation's therapeutic support team (TST) as well as some discussions taking place at the significant event review group meetings (SERG). However, the strategies contained within the plans did not outline detailed approaches for the staff team to follow in a consistent way. In some instances, where behaviours of concern were identified, the interventions were not robust enough to reduce the presenting risks. Direction and guidance from the SERG, TST or the

strategy meetings was not routinely incorporated in the plans to address the high risk behaviours for the young person. This meant that significant risks such as unsafe phone use, some suicidal ideation, prolonged periods of time remaining in their bedroom away from staff continued indefinitely. As mentioned above room searches were not contained in the preventative strategies at the time knives had been found in one young person's bedroom and where the risk was high of assault on another young person. The allocated social worker for one of the young people involved said they did not believe there was enough staff supervising the young people when some of the incidents took place. The centre manager said that this had subsequently been addressed so that there are always two staff at all times with the young people. There had been no risk assessment completed for the young person where there was an outstanding threat against them. In addition, there was an absence of plans in place for one young person who had a stress related medical condition at various periods.

Team meeting discussions included some good discussions on each young person's needs, however there was a gap in reflective learning and guidance from the organisation's specialist TST, the SERG and the professional's meetings. This area requires improvement so that staff can respond and manage behaviours of concern more appropriately and identify underlying causes that may lead to an increase in risks for each young person. Inspectors found at interview that there was a lack of recognition and awareness of the potential of harm associated with the behaviours of concern for one young person and staff were unable to describe effective approaches for intervention. This indicated a learning need for the staff team.

Key working was ongoing with some young people who engaged well, and all young people were referred and supported to attend appropriate therapeutic services. Where some decided not to take part, they were encouraged to do so and were also provided with regular opportunities to change their mind.

Self-auditing was taking place in the centre and the organisation's compliance officer had undertaken an audit of themes three and six in October 2024 prior to this inspection. While there were some areas of non-compliance highlighted in the audit for the centre to monitor and action, not all of the deficits outlined in this report were identified in standards 3.1 and 3.2.

The centre had a number of restrictive practices in place. Staff at interview were able to describe these and were aware of the reasons they were in place, the impact on other young people and when they would be reviewed. The centre maintained a

register of restrictive practices and there was good evidence of each one being assessed, monitored and reviewed as necessary.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 16</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1 Standard 3.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure the centre's child protection and safeguarding policies are reviewed and updated to include all requirements and responsibilities outlined in Children First and relevant legislation including the reporting procedures and the role of the deputy designated liaison person. These must be implemented in full in the centre. Staff must receive specific training on the policies including the policy on protected disclosures.
- The centre manager must ensure that where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child and young person.
- The registered provider must ensure that the centre's CSS is reviewed in line with statutory requirements.
- Senior and centre management must ensure that all risks are clearly identified on young people's files and that individual risk assessments are in place and reviewed consistently for each risk. Interventions should be clearly outlined and followed.
- The centre manager must ensure that all young people are consistently assisted and supported to develop self-awareness regarding their personal vulnerabilities and safety.
- The centre manager must ensure that recommendations and specialist advice provided by the organisation's therapeutic team must be regularly and clearly

communicated to the staff team for their use in responding to risk, understanding underlying causes and managing behaviours that challenge.

**Regulation 6: Person in Charge**

**Regulation 7: Staffing**

**Theme 6: Responsive Workforce**

**Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.**

Staff interviewed understood their roles and responsibilities and could describe who they were accountable to and reported to within the centre and the wider organisation. They also were aware of their obligation to follow the centre's policies and procedures which were included as part of the centres induction training. There was some evidence that a number of policies were discussed at team meetings and in supervision with staff. Inspectors found from interviews and a review of centre files that improvements were required to support staff to develop their professional judgement and skills for use in practice when responding to young people's risks and behaviours of concern. For example, as mentioned above, while discussions taking place at team meetings positively centred on young people's needs, there was a deficit in reflective learning for the staff team on current issues and significant incidents. The guidance and direction provided by the organisation's TST specifically was not shared with staff in a way that supported a change in responses and interventions to manage the risks and behaviours of concern currently. Staff at interview were unable to describe the potential harm or associated risks with ongoing behaviours. Given the purpose and function of the centre to provide specialist care to young people with complex emotional and behavioural problems, the registered provider must ensure that staff are equipped with the skills and knowledge to deliver this care in practice.

The staff team had gone through a number of changes in the past recent years where there had been three different managers in two years. In addition, while some staff left their post to move to another service within the organisation, there was an unusual amount of reorganisation in the assignment of key workers to some young people. Two of the allocated social workers commented on the impact of this as well as frequent turnover of staff and the deficit in the staff team's experience. One young person told inspectors that they had four key workers in the past year. A staff at interview demonstrated a lack of understanding of the effect of these changes on the

young people involved. While there was currently an appropriate number of staff working in the centre for three young people, this will be challenged when further admissions take place. The issue of staffing levels was discussed at the centre manager's supervision where there was a concern about how the centre was coping. The rotas shared with inspectors reflected a reliance on staff from other centres at certain periods. This impacts the consistent delivery of child-centred and safe care to each young person living in the centre.

Staff at interview stated that the centre and regional manager promoted a team-based approach to work. They also said there were good opportunities provided for study and training. There was evidence from a review of supervision records that staff were encouraged to attend courses and were asked about their training needs. Two new staff were participating in the organisation's specific social care leader programme despite their gap in experience of working with children in a residential social care setting. Core and ancillary training were regularly provided to staff.

The centre had procedures in place to protect staff and minimise the risk to their safety. There was a lone working policy in place and an on-call system to support them when required. Staff were informed of and supported to avail of the organisation's employee assisted programme.

The centre had a supervision policy implemented and from the files sampled, the majority of staff received regular supervision in line with the policy. Both individual and group supervision sessions were occurring. The centre manager and deputy manager were the nominated supervisors and had undergone the appropriate training for their role. Child safeguarding, development of goals and observation of practice were some of the topics on the agenda. In general, there was a deficit in the detail recorded on the discussions taking place and this required improvement. There was poor evidence of reflective practice and direction documented as well as follow up on issues and supports voiced by staff themselves at each session. An audit had taken place on this standard prior to the inspection which highlighted similar gaps. Informal supervision was also taking place for certain staff to support them with their responsibilities and practice. The centre manager received supervision from the regional manager, and this was regularly provided by them.

There was a three month probation period in place for staff and of the files reviewed by inspectors, all had undertaken their individual probation consultation and an appraisal where appropriate after six months. A written record was maintained on

each of the files although the detail recorded of the discussions varied across the samples.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.3</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The registered provider must ensure that there is a culture of learning and reflective practice developed amongst the staff team so that they can enhance their skills in supporting and caring for each young person in a consistent way. Staff must be equipped with the competencies and knowledge to deliver this care in practice.
- The centre manager must ensure that they organise and manage the workforce in a way that is child centred and without disruption in the provision of consistent care to each young person.
- The centre manager must ensure that discussions taking place at supervision with staff are recorded in detail on their files.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	<p>The registered provider must ensure the centre's child protection and safeguarding policies are reviewed and updated to include all requirements and responsibilities outlined in Children First and relevant legislation including the reporting procedures and the role of the deputy designated liaison person. These must be implemented in full in the centre. Staff must receive specific training on the policies including the policy on protected disclosures</p> <p>The centre manager must ensure that where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child and young person.</p>	<p>The Policy and procedure Review team will review the Child Safeguarding Policy on 10.12.2024 all updates will be shared with the Home Management. Regional management and home management will review the policy on protected disclosures at the next team meeting 06.12.24</p> <p>The Policy and procedure Review team will review the Child Safeguarding Policy on 10.12.2024 all updates will be shared with the Home Management teams.</p>	<p>Home management will satisfy themselves ensure all policies have been understood via supervision and monitoring staff practice. Home management will review the policy at regular intervals as part of the team meeting and supervision process. As part of monthly governance visits to the home, Regional manager will review the policy with staff to satisfy themselves that staff fully understand the policy.</p> <p>At the MSM on 28.11.2024 the Regional Managers will remind home managers of the information that should be contained on a CPWRF SEN and who this information should be shared with.</p>

	<p>The registered provider must ensure that the centre's CSS is reviewed in line with statutory requirements.</p> <p>Senior and centre management must ensure that all risks are clearly identified on young people's files and that individual risk assessments are in place and reviewed consistently for each risk. Interventions should be clearly outlined and followed.</p> <p>The centre manager must ensure that all young people are consistently assisted and supported to develop self-awareness regarding their personal vulnerabilities and safety.</p> <p>The centre manager must ensure that recommendations and specialist advice</p>	<p>With immediate effect, the CSS will be reviewed by home manager to ensure it is in line with statutory requirements.</p> <p>Regional manager and home Management will undertake refresher training on Individual Risk Management Plans 19.11.24 . All Young people's IRMP will be reviewed and updated by 27.11.24.</p> <p>Management will ensure these are reviewed in line with policy. With immediate effect, keywork will be carried out with all residents in the home to work on areas in assisting young people to develop self-awareness.</p> <p>With immediate effect, the centre Manager ensure any supporting documents for</p>	<p>Regional manager will conduct temperature checks to ensure the CSS is up to date. At next Managers meeting, Regional manger's will review the requirements with all home managers. The compliance manager will audit CSS as part of routine visits.</p> <p>The compliance team will schedule training with all home managers in relation to risk management. This training will be refreshed annually.</p> <p>Regional manager will support home manager to review each young person's Individual placement plans to ensure goals are focused on developing self-awareness.</p> <p>Home manager will complete work with the team at team meetings to ensure this remains one of the key areas of focus.</p>
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	provided by the organisation's therapeutic team must be regularly and clearly communicated to the staff team for their use in responding to risk, understanding underlying causes and managing behaviours that challenge.	example the young person's IRMP, behaviour support plans are updated in accordance with said recommendations from TST and this will be reflected across all files.	Home Manager will ensure all advice from the TST is a permanent item on the IPP and recommendations are discussed and shared with the team.
6	<p>The registered provider must ensure that there is a culture of learning and reflective practice developed amongst the staff team so that they can enhance their skills in supporting and caring for each young person in a consistent way. Staff must be equipped with the competencies and knowledge to deliver this care in practice.</p> <p>The centre manager must ensure that they organise and manage the workforce in a way that is child centred and without disruption in the provision of consistent care to each young person.</p>	<p>With Immediate home manager will ensure reflective practice takes place at handovers, supervisions and team meetings.</p> <p>With immediate effect, home management will review the workforce and plan in a way to ensure consistency of care.</p>	<p>Regional manager as part of scheduled monthly visits will temperature check evidence of reflective practice taking place in the home along with evidence of learnings.</p> <p>Regional manager will maintain oversight of the workforce to ensure consideration is given to any proposed changes of personnel to ensure consistency of care. Any area's requiring escalation will be brought to the weekly work force planning meeting.</p>

	The centre manager must ensure that discussions taking place at supervision with staff are recorded in detail on their files.	With immediate effect the regional manager will complete a review of the supervision requirements with home manager	The Regional Manager will focus on developing and coaching the home manager via monthly supervision.
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